



**CITY OF BLOOMINGTON**  
**parks and recreation**

401 N. Morton Street, Suite 250  
PO Box 848 Bloomington, IN 47402  
www.bloomington.in.gov/parks  
Phone (812) 349-3700 Fax (812) 349-3705

**List Specific position(s) desired as titled on the job posting:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*The city of Bloomington is an Equal Opportunity Employer. Reasonable accommodations to people with disabilities available upon request to Employee Services.*

**NAME** \_\_\_\_\_  
First Middle Last

**Present Address** \_\_\_\_\_  
Number Street City State Zip  
Telephone ( ) E-Mail \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
Number Street City State Zip  
Telephone ( ) E-Mail \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Present Occupation** \_\_\_\_\_

**Date of Availability** \_\_\_\_\_ **Transportation Status (check one)** \_\_\_\_\_ Available \_\_\_\_\_ Not Available

**EDUCATION**

Name of Institution (beginning with high school)	Degree Major/Minor

**CERTIFICATIONS**

	Expiration Date
Standard First Aid	_____
C.P.R.	_____
Lifeguard Training	_____
Water Safety Instructor	_____
Fitness	_____
Public Passenger Chauffer Lic.	_____
Commercial Drivers License	_____
Other (Specify):	_____

**SPORTS OFFICIATING LICENSES**

Type	Valid Thru
Baseball	_____
Basketball	_____
Softball	_____
Ice Hockey	_____
Volleyball	_____

**Please circle those areas in which you have had special training or would be prepared to teach.**

Adaptive Recreation	Computers	Health & Fitness	Senior Citizens	Other
Adult Education	Dance	Homemaking	Social Recreation	_____
Aquatics	Drama	Ice Skating	Sports	_____
Arts & Crafts	Foreign Language	Music	Travel	_____
Camp Counseling	Gardening	Outdoor Interpretation		

**For those areas you have circled, please relate specific experiences.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:	
_____	_____
_____	_____
_____	_____

**MOST RECENT WORK EXPERIENCE (Last Three Years)**

Dates Employed	Name of Organization	Position	Supervisor	Phone

**HAVE YOU EVER BEEN EMPLOYED BY THE BLOOMINGTON PARKS AND RECREATION DEPARTMENT? Yes No**

Dates Employed	Division	Position	Supervisor	Phone

**REFERENCES (Other Than Relatives and Past Employers)**

Name	Phone	Relationship

Have you ever been convicted of, or are you currently charged with, any crime or has your driver's license been suspended? A current charge or conviction will not necessarily disqualify an applicant from employment. If yes, please explain (circle one)      yes      no

**IF MINOR, UNDER 18 YEARS OF AGE, the following must be completed by parent and/or legal guardian *and notarized***

**BLOOMINGTON POLICE DEPARTMENT  
JUVENILE RECORDS RELEASE FORM**

I, \_\_\_\_\_, the legal parent/guardian of the below listed subject, do hereby authorize the release of criminal history information on my child for the purpose of employment.

Name of Juvenile \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
Printed

**CERTIFICATE OF APPLICANT:** I hereby certify that all the above questions are fully, correctly, and truthfully answered and I authorize this employer to contact my former employers, references, and other sources in order to verify the facts furnished regarding my character and qualifications. **I understand that the job(s) for which I am applying may be subject to a criminal history check.** I hereby release any such employer or persons liability of any nature on account of furnishing such information. I understand that any misleading, incorrect, or untruthful statements may render this application void; and if I am employed, would be just cause for termination of my employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## Voluntary Affirmative Action Information Survey City of Bloomington – 2008

***We are an Equal Opportunity Employer*** Answering the following questions will help us meet our recording requirements for the Equal Employment Opportunity Commission and our Affirmative Action Program. This information is used for statistical purposes only, and is kept confidential. Voluntary Affirmative Action Surveys are separated from the application before being reviewed by the Department that is hiring. *The managers making the hiring decisions do not have access to this information.*

It is the City of Bloomington's policy to encourage and support equal employment opportunities for all applicants and employees without regard to race, color, ancestry, sex, religious creed, national origin, physical disability, mental disability, medical condition, age, marital status, political affiliation, sexual orientation, or disabled veteran or Vietnam era veteran status. Employment decisions will be evaluated on the basis of an individual's skills, knowledge, abilities, job performance and other legitimate qualifications. **Thank you for helping us maintain accurate records for the Affirmative Action Program.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Zip code (home):** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** ☐ MALE ☐ FEMALE

**Where did you learn of the Job Vacancy? (select all that apply):**

☐ Unemployment Office ☐ Word of Mouth ☐ Internet/ Web page  
☐ City Job Posting Bulletin Board ☐ Newspaper \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Ethnicity (please select all that apply):**

☐ African-American ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander  
☐ Hispanic ☐ White (non-Hispanic) ☐ Other \_\_\_\_\_

**Are you disabled?\*** ☐ Yes ☐ No **Are you a disabled veteran?\*\*\*** ☐ Yes ☐ No

**Are you a Vietnam-era veteran?\*\*** ☐ Yes ☐ No **Are you an "other veteran"?\*\*\*\*** ☐ Yes ☐ No

\*Under the American with Disabilities Act (ADA), "an individual with a disability is a person who: 1) physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such impairment or 3) is regarded as having such as an impairment."

\*\* A Vietnam-era veteran is defined as a person who served on active duty for more than 180 days, any part of which occurred during the period August 5, 1964 to May 7, 1975.

\*\*\* A disabled veteran is defined as a person who is entitled to compensation under the laws administered by the Veterans Administration for disability, or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

\*\*\*\*An "other veteran" is defined as a person who served on active duty during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. "War" includes veterans with active duty service between December 7, 1941 and April 28, 1952, officially designated as World War II. Active duty veterans of Korea, Vietnam, Desert Shield/Storm and other campaigns or expeditions are included because those actions were designated with a campaign badge or medal.